



STATE MEDICAID DUR BOARD MEETING  
THURSDAY, March 8, 2012  
7:00 a.m. to 8:30 a.m.  
Cannon Health Building  
Room 125



## MINUTES

**Board Members Present:**

Neal Catalano, R.Ph.  
Tony Dalpiaz, PharmD.  
Mark Balk, PharmD.  
Cris Cowley, M.D.

Mr. Kumar Shah  
George Hamblin, R.Ph.  
Joseph Yau, M.D.

**Board Members Excused:**

Peter Knudson, D.D.S.  
Joseph Miner, M.D.

Brad Hare, M.D.  
Kathy Goodfellow, R.Ph.

**Dept. of Health/Div. of Health Care Financing Staff Present:**

Robyn Seely, PharmD.  
Tim Morley, R.Ph.  
Lisa V Hunt, R.Ph.  
Bobbi Hansen, CPhT

Richard Sorenson, R.N.  
Annette Leonard, R.N.  
Merelynn Berrett, R.N.  
Heather Deering, R.N.

**Other Individuals Present:**

Joanita Lake, UofU  
Pat Wiseman, Medimmune  
Brad Burgstalker, Evan  
Sabrina Aery, BMS  
Alan Bailey, Pfizer

Bryan Larson, UofU  
Lori Howarth, Bayer  
Bill White, Lundbeck  
Terri Davis, Lundbeck  
David McKnight, AAG

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**Meeting conducted by: Neal Catalano, R.Ph.**

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1. Neal Catalano opened the meeting. He turned the meeting over to Robyn Seely for Housekeeping Issues.
2. February meeting minutes, reviewed and approved with a motion from Kumar Shah, seconded by Mark Balk. Approved unanimously.

October meeting minutes, reviewed and approved with a motion from

3. Pharmacy & Therapeutics (P&T) Committee Report: Lisa V. Hunt addressed the Board. New PDL to be posted in April. New classes to be added, Hepatitis C drugs, pulmonary antihypertensive drugs, ophthalmic antibiotic and antiviral drugs.
4. Open Meetings Act training. Required to be reviewed every year. David McKnight, Assistant

Attorney General presented training review to board. Slides available upon request.

5. Review of Metoclopramide – long term use presented by Joanita Lake from the University of Utah.

Mark Balk brought up the number of patients reported as being treated long term with Metoclopramide not for gastroparesis. Robyn Seely stated that Utah Medicaid does not require a diagnosis to be submitted when billing for Metoclopramide. Tim Morley point out that diagnosis coding would have come from medical claims and may not be accurate to what is truly being treated with the medication. Joseph Yau stated that they symptoms of tardive dyskinesia are similar to those of an elderly patient with poor dental care, so he questions if the tardive dyskinesia is accurately diagnosed.

Robyn Seely stated that the concern to be considered is the black box warning limiting usage to 12 weeks rather than the utilization or diagnosis data.

Neal Catalano asked for public comment, none.

Mark Balk suggested notifying providers of the black box warning rather than putting a prior authorization requirement in place. He also recommends to the board a consideration of placing a prior authorization and limiting usage to only gastroparesis.

Joanita Lake pointed out that the recommendation of the University of Utah's is to require prior authorization for treatment beyond 12 weeks. Neal Catalano asked about the system capabilities of being able to cut off coverage after 12 weeks. Tim Morley stated that the POS system would be able to require a diagnosis, monitor usage and stop coverage without a prior authorization after a set time frame.

Cris Cowley stated that adhering to this black box warning would require safer patient care. Mark Balk stated it would be proactive to send a notice out to providers after 12 weeks. Both Tim Morley and Robyn Seely stated that they are unsure of the systems capability to simply send a notification to a provider after 12 weeks of treatment.

Tony Dalpiaz asked how or when does the POS system look for 12 weeks. Tim Morley suggested that a continuous therapy for 12 weeks would be best.

George Hamblin stated that it should be the responsibility of the prescriber to monitor the patients care. Joseph Yau stated that this is a commonly prescribed medication.

Cris Cowley stated that they like the idea of generating a letter to prescribers after 12 weeks. Tim Morley affirmed he would look into the POS systems ability to generate a letter to prescribers.

Mark Balk questioned why there would be a prior authorization requirement if extended use is not safe. He also proposes a notice go out to providers in an Amber Sheet about the black box warning.

Kumar Shah asked how the 12 weeks is being counted. Tim Morley advised anytime a 12

week point is passed (with or without continued use).

Cris Cowley asked if Medicaid would require a diagnosis be submitted by pharmacy on claim. Tim Morley stated that the issue at hand is the length of therapy not the diagnosis.

Mark Balk made a motion to not have a prior authorization requirement, put a notice in the Amber Sheet about the black box warning and send notification to prescribers after 90 days. Cris Cowley seconded the motion. The motion was approved unanimously.

6. Review of Onfi presented by Robyn Seely.

Public comment, none.

George Hamblin asked why there is even consideration for a prior authorization requirement. Robyn stated that there is some off label use that may occur. Joseph Yau stated that benzodiazepines are widely overused in mental health.

Mark Balk pointed to the minimal usage detailed in the provided material.

Based off the small utilization Mark Balk made a motion for no prior authorization requirement and track usage for one year then revisit with DUR board. George Hamblin seconded the motion. The motion was approved unanimously.

The next DUR Board meeting is scheduled for Thursday, April 12, 2012.

The DUR Board Prior Approval Subcommittee met following the meeting.

Minutes prepared by Bobbi Hansen.